

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/552153

FILING DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1 st AMENDMENT | | AFTER 2 nd AMENDMENT | |
|--------------|--------------|--------------|------------------------------------|------|------------------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 1 | I | | | | | |
| 2 | | I | | | | |
| 3 | | I | | | | |
| 4 | | I | | | | |
| 5 | X | X | | | | |
| 6 | X | X | | | | |
| 7 | | I | | | | |
| 8 | C | C | | | | |
| 9 | I | | | | | |
| 10 | | I | | | | |
| 11 | | I | | | | |
| 12 | | I | | | | |
| 13 | I | | | | | |
| 14 | | I | | | | |
| 15 | | I | | | | |
| 16 | | I | | | | |
| 17 | X | X | | | | |
| 18 | X | X | | | | |
| 19 | | I | | | | |
| 20 | C | C | | | | |
| 21 | | I | | | | |
| 22 | | I | | | | |
| 23 | | I | | | | |
| 24 | | I | | | | |
| 25 | | I | | | | |
| 26 | | I | | | | |
| 27 | | I | | | | |
| 28 | | I | | | | |
| 29 | | I | | | | |
| 30 | | I | | | | |
| 31 | | I | | | | |
| 32 | X | X | | | | |
| 33 | X | X | | | | |
| 34 | X | X | | | | |
| 35 | X | X | | | | |
| 36 | X | X | | | | |
| 37 | X | X | | | | |
| 38 | X | X | | | | |
| 39 | X | X | | | | |
| 40 | X | X | | | | |
| 41 | X | X | | | | |
| 42 | X | X | | | | |
| 43 | X | X | | | | |
| 44 | X | X | | | | |
| 45 | X | X | | | | |
| 46 | X | X | | | | |
| 47 | X | X | | | | |
| 48 | X | X | | | | |
| 49 | | I | | | | |
| 50 | C | C | | | | |
| TOTAL IND. | | ↓ | | ↓ | | ↓ |
| TOTAL DEP. | | ← | | ← | | ← |
| TOTAL CLAIMS | | | | | | |

| | AS FILED | | AFTER 1 st AMENDMENT | | AFTER 2 nd AMENDMENT | |
|--------------|--------------|--------------|------------------------------------|------|------------------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 51 | X | X | | | | |
| 52 | X | X | | | | |
| 53 | X | X | | | | |
| 54 | X | X | | | | |
| 55 | X | X | | | | |
| 56 | X | X | | | | |
| 57 | X | X | | | | |
| 58 | X | X | | | | |
| 59 | | I | | | | |
| 60 | X | X | | | | |
| 61 | X | X | | | | |
| 62 | X | X | | | | |
| 63 | | I | | | | |
| 64 | | I | | | | |
| 65 | | I | | | | |
| 66 | | I | | | | |
| 67 | | I | | | | |
| 68 | X | X | | | | |
| 69 | X | X | | | | |
| 70 | X | X | | | | |
| 71 | | I | | | | |
| 72 | X | X | | | | |
| 73 | X | X | | | | |
| 74 | X | X | | | | |
| 75 | I | | | | | |
| 76 | | | | | | |
| 77 | | | | | | |
| 78 | | | | | | |
| 79 | | | | | | |
| 80 | | | | | | |
| 81 | | | | | | |
| 82 | | | | | | |
| 83 | | | | | | |
| 84 | | | | | | |
| 85 | | | | | | |
| 86 | | | | | | |
| 87 | | | | | | |
| 88 | | | | | | |
| 89 | | | | | | |
| 90 | | | | | | |
| 91 | | | | | | |
| 92 | | | | | | |
| 93 | | | | | | |
| 94 | | | | | | |
| 95 | | | | | | |
| 96 | | | | | | |
| 97 | | | | | | |
| 98 | | | | | | |
| 99 | | | | | | |
| 100 | | | | | | |
| TOTAL IND. | 4 | ↓ | | ↓ | | ↓ |
| TOTAL DEP. | 30 | ← | | ← | | ← |
| TOTAL CLAIMS | 34 | | | | | |